

FIDELITY GUARANTEE INSURANCE POLICY (RETAIL)

Proposal Form

PROPOSAL FORM

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance Limited Fidelity Guarantee Policy. The risk is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name			
Agent/Broker Code			
Agent Mobile Number		Email Address	
Name of the Proposer			
Address of the Proposer			
	City _____	State _____	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Number		Email Address	
Policy to be issued in favour of	<i>(List of all the parties who have insurable interest)</i>		
Financial Institution Interest (if any) <i>(Attach annexure in case of multiple institutions)</i>		
Business of the Proposer			
Paid up capital			
Period of Insurance	From..... To		
Whether you have insured the same risk with any other Insurance Company with the same type of coverage. (Give details)			Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No
Is there a system to obtain references from previous Employers at the time of Recruitment? If not, specify			
State the estimate of maximum amount held by any employee at any given time and duration for the same:			
	Money	Stock	
Amount			
Duration (No. of weeks)			
What independent system is there to check that all sums received by employees are accounted for?			
Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorizing payment for them, so that no one person handles a transaction from beginning to end? If yes, please provide details.			
Frequency at which:			
Employees are required to account for money			

The cash book is balanced, the entries checked with Vouchers and Bank's Pass Book and with counter-foils Of Receipt books					
Stock books reconciled with control records					
The bank reconciliations and check of receipt counterfoils and vouchers being carried out					
System of operation of Bank account and precautions taken:					
Is there a requirement of at least two Signatories to authorize payments and cheque issuance? If yes, please give details of the authorized signatories and confirm that the requirement for co-signatories is followed.			Yes/No		
Are the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt?			Yes/No		
Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify			Yes/No		
Whether such payments/ withdrawals are authorized by a senior employee with supporting documents?			Yes/No		
Is there a system for handling of petty cash funds? If yes, please share details of authorized persons			Yes/No		
Coverage Details	Entire Workforce <input type="checkbox"/> Selected categories of Employees <input type="checkbox"/> Named Employees only <input type="checkbox"/>				
Staff Category	No of employees	Estimated annual Wages	Per employee and Total Sum Insured		
Staff with direct responsibility for money, stock, accounts or Computer operations					
Other Staff					
Annexure for coverage on Named Employees Only					
Name	Designation	In Service since	Duties	Remuneration	Employee Sum Insured
Both of the above annexures to be provided in case cover required for selected categories of employees and Named employees					
Premium / Claim details for the past 5 years			Claim Amount	Premium Paid	
Date of loss	Circumstances				

What precautions have been adopted to prevent such recurrence?			
Premium Payment Details:			
Total Premium Amount (Including GST) – INR _____			
Payee Name -			
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash			
Cheque /DD/ PO /UTR No.			
Date		IFSC	
Amount in Rs.			
Bank Account No.			
Bank Name			Branch
PAN Number			
Aadhaar Number			
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>			
GST Registered			Yes/ No
GSTIN Number			
GST State			

ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

- ☐ No, I do not have an eIA and do not wish to open one ☐ Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No _____

Please select Insurance Repository Name (you have opened your account with)

- ☐ M/s NSDL Database Management Limited ☐ M/s Karvy Insurance Repository Limited
- ☐ M/s Central Insurance Repository Limited ☐ M/s CAMS Repository Services Limited (Please select any one) Or
- ☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): _____

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma General Insurance Limited.

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place

Date

Signature of Proposer

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

☐ YES ☐ NO

If yes, please share the details of "Politically Exposed Persons" (PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

2. **Disability, If any:** Type of Disability _____ Percentage of Disability: _____

3. **Additional Information:**

Nationality: Indian ☐ Non-Indian ☐ If, Non-Indian, please specify Country: -----

Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National

Person of Indian Origin ☐

4. **Type of Organisation:**

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

5. **Source of Funds:**

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from Magma General Insurance Limited to the proposer in the language understood by

him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's Signature _____

Company stamp

Date: _____ Name: _____ Designation _____
(DD-MM-YYYY)

Disability Declaration

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

Name _____
Signature _____ Date: _____

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.